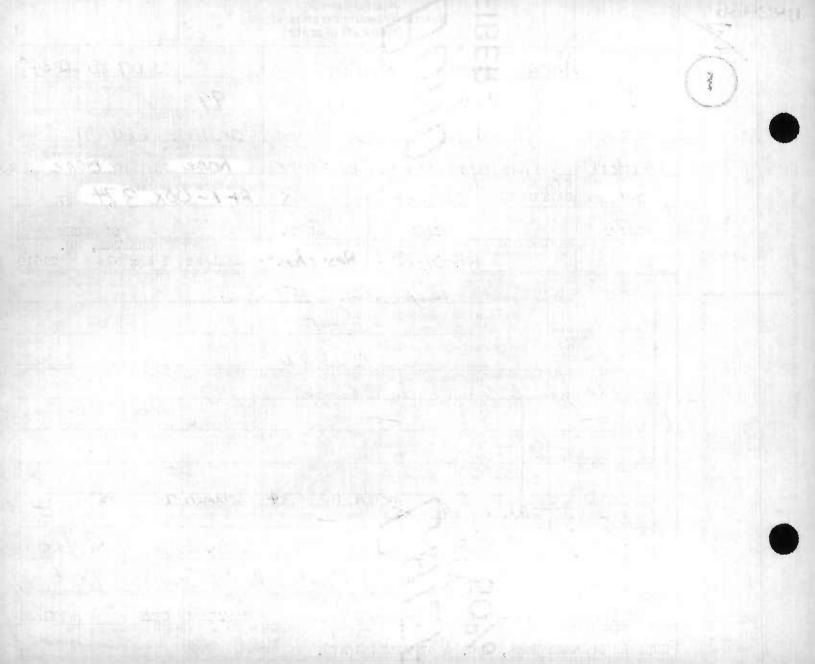
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_	1.	- STATE REGISTRAR		ori an		ICATE OF DEATH	OILIII.	REG. NO.	0 8	3 3 1
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00	3. SE		4 RACE		5 DATE	OF BIRTH	6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER	
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2 12 0/	7a. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	2 8		. 9 BALTIMOR	E CITY OR COU		TH
1 15 05	170	(arvland	U. S	. A.	WIDOW	D NEVER MARRIED		Carol	ine	
1 1 100	10. C	ITY OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION		CCUPATION FOR MOST OF WORKIN	12b. K	IND OF BUSINE
1 52 %	I	enton		Nesleya		nter	Non		NG LIFE) INDU	JSTRY
1 31 60	USU 13g	AL RESIDENCE (IF NURSING HOMESTATE 136 CC	OR OTHER INSTITUTION		ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET A	DDDESS	1 71	
は最優り			aroline	Dento		YES NO NO	Route			21629
1 11/1/2	14. F.	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME	MIDOLE		LAST
1 18/00		norma B Appl		Brown		Ethel	Bell		Culve	
ecu lico		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC	CURITY NO.	17. INFORMANT		ADDRESS		
n and c Pages		VO (# 725	ONE WAR OR DATES	21670	5741	Mrs. Ethe	1 Brow	n. Den	ton.	Md 216
physicia physicia popapers emoval.		18 CAUSE OF DEATH (Enter	anly ane cause ne	r line for (a) (b) o	and (c)					APPROXIMATE INTE
es that the death ce led by the attendin please remove carb orial, cremation, or i , or other traumatic		underlying cause last.	(c)_	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER.	AASNIAI DISEASE	OR CONDITION	I CIVEN IN P	APT 1/2)
require	NO.			ONTRIBUTING	DULAIN DO	THO RELATED TO THE TEX.				
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SICIAN: 1 ag physic certificate ritol-trans ental Hyg frem 18 sh		OR CONTRIBUTING CAUSE OF			DAY YEAR	21c. HOW INJURY OCCUI	KKEU (ENTER NAT	JRE OF INJURY IN ITEM	18, PART I OR PA	ART 2}
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TTEN Pital TOR far of He of He		saw the deceased alive abave, (1) (we) (did) (did	on 2/	4 19	AND RESERVE	nd that in (my) (aur) apiniar	death occurred	an the date and	hour and fra	
OR A boshed Dept.		22b. SIGNATURE	MOI) view the bod) C		DEGREE	,	100		DATE SIGNED
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O HOSI	_	CYNTHIA M		311 -	んり				216	
		BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOC AT	TION PRIOWN	COUNTY	
BP	24.5	Burial	13/9/8	85 D	entor	1 Cemetery	Dent		rolin	
DHMH-16 30M 2/80 (VRA 15, 4)	1	NAME DIRECTOR	thorn PA	12 JADDRESS	St K	Ventage MAR	0 8 198E	GISTRAR 750, REG	widson-	Pandell

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082056	/			STATE OF MARYLAND		,
00000	1.	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY	GIENE 8 5	8 3 1 6
X		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
600		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	. A
2 7 .)		Ann	A BARBARA	HARDY	03 0	7 85 2.34 7
you ()	3. SE	2	4 RACE	5. DATE OF BIRTH		FUNDER LYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
		FEMALE	WHITE	08 17 1885	99 YRS	
Poge Hours		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
death.		MARYLAND	United States	WIDOWED DIVORCED	Caroline Ca	suntu MD.
0 0 N	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OF OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY BUGLE
by the filed v	1	enton	Wesleim +	lealth Care Center	SEAMSTRESS	COAT & APRON CO
De pe	USU	AL RESIDENCE (IF MURSING HOME OR	OTHER INSTITUTION SIVE RESIDENCE B	FORE ADMISSION)	13+ STREET ADDRESS ZIP CODE	
ND 24 h	130.	MARYLAND BALT	IMORE ARBU	TUS YES NO	942 PALLADI DRI	VE. 21227
YLA rehin	14. F	THER'S NAME		IS MOTHER'S MAIDEN NA	AME	
MARYLA ed within mpletely and 2 sho	2	AUGUST	MIDDLE LAST OTT	ER ANNIE	WIDDIE	FIGENSCHE
- 0 -		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S	ECURITY NO. 17 INFORMANT		STER, MD.
BALTIMORE, cote be executed by spicion and compers. Pages vol. the medical it, the medical it.	-	YES NO OR UNKNOWN) (IF YES, GIV	216-69	-2284 DOROTHY H.	MICHAEL Rt. 1 Box	374 21619
ALTI te b icior icior pers.		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a)_(b	, and its		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY:	shirator Fil	lune	
PRESTON ST., he death certifi he otherding pl emotion, or rem motion, or rem ir froumotic eve		IMMEDIA		OURNICE OF		
ESTOr death ottend ave contian, o		Conditions, if any, which	DUE TO, OR AS A CONSE	OUENCE OF CHF		
PR he d		gove rise to immediate couse (a), stating the	DUE TO OR AS A CONS	OURNIES OF		
That the those rather rather		underlying couse lost.	DUE TO, OR AS A CONSE	A SCVII		
20 es es co.		PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
RDS,	NO NO	Onyon	Basis	5. 1000		
Driony	A	190 DATE OF OPERATION	196 CONDITION FOR WE	ICH OPERATION WAS PERFORMED		WERE FINDINGS USED
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offent this certificate has been sign os the burial-transit permit. Then though Amental Hygiene prior to b arked or then 18 shows any injury	CERTIFICATION	-			YES NOW YES	ING CAUSES OF DEATH?
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N OF N SICIAT Ing ph certific unial-tr Nental I I tem I	¥.	OR CONTRIBUTING CAUSE OF DEA	(IH	DAY YEAR		
PHYS!	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR LOWN	COUNTY STATE
DIVISI	\$	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFF	ICE FARM ETC) STREET	CHTOKIOWIN	STATE
	1	22a. I certify that (I) (this hospi	tol) attended the deceased fro	m March 1 19 84	10 March 7	9 85 , that (I) (we) last
ATTEND Significant of the original ori		serw the deceased alive on		9 85 ond that in (my) (our) opinion	death occurred on the date and hour	
		above (I) Ave) (did) idid no	at view the sody after death.	DEGREE		22c. DATE SIGNED
the hit OR		1 hand	1110	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/7/85
HOSPITAL med by the FUNERAL Jid be det on the Store ORTANT:		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	- Director Attribution	12/1/07
		David S	5. 5 mith	Carolina	Horalth Services	Monton NO
Of of w	23a	BURIAL CREMATION REMOVAL		234 NAME OF CEMETERY OR CREMATORY	23d LOCATION	1
BP		BURIAL	03-09-85	LOUDON PARK	BALTIMORE CITY	MARYLAND
		JNERAL DIRECTOR	100 00 00		TE REC'D. BY REGISTRAR 256 REGISTR	
DHMH - 16 50M 4/83 (VRA 15, 4)	HI	JBBARD FUNERAL	HOME, INC. 410	55	IAR 8 1985	without fordall
			710	A STATE OF THE STA		



	- STATE	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGIENE EXAMINER'S CERTIFICATE OF DEATH	8317
093084	REGISTRAR DECEASED NAME FIRST MIDDLE (IYPE OR PRINT) RONNIE All	LAST 20. DATE KNOWN A POPE ESTI-	3-12 19 85 PM
PLEAS DOMECTOON DUM FILE TO HOUR		6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MIN PRONOUNCED DEAD DEAD	3-12 19 85 8 M
186	BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNT MARY LAND USA USA		
	oncord, near Fed. Rt 313 mg M		work 12b KIND OF BUSINESS OR INDUSTRY CORE RETAIL
AND THE PROPERTY OF THE PROPER	SUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BY AND THE CONTROL OF THE	DRIOWNSburg 13d INSIDE (ITY LIMITS) 13e STREET ADDRESS OLD DENTON Rd	21632 Fed., Md.
060	William O. Hen	-	Henry
WITH FOR WITH FOR DIVISION C		AL SECURITY NO. 17. INFORMANT Fed PDRESS M. 17. INFORMANT FOR THE PROPERTY OF	d. 21632 d Denton Rd.
UTED WITHIN 24 HO IN PENCIL IN ITEM 11 EXAMINER ALONG RIAL-TRANSIT PERMIT O MENTAL HYGIENE, OR REMOVAL.	Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last. DUE TO, OR AS A CONS (b) MO TOR DUE TO, OR AS A CONS (c)	ECPHALIC TRAUMA SEQUENCE OF CYCLE TRUCK COLLISION SEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH JUSTAN DEATH
PENDING F MEDIC F MEDIC ED AS A MEALTH A REMATIC	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE 19a. DATE OF OPERATION 19b. CONDITION FOR W	EO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). HICH OPERATION WAS PERFORMED?	20. AUTOPSY?
SE DO THE CHI SE DO THE CHI SE SHOULD BE U DEPKRIMENT OF RIOR TO BURKAT	196. DATE OF OPERATION 196. CONDITION FOR W 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH HOUR A.M. MONTH CONTRIBUTING CAUSE OF DEATH 230 (P.M.) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 21b. TIME OF INJURY HOUR A.M. MONTH 21c. PLACE OF INJURY SIREE, FACTORY, FARM, ETC. 21c. PLACE OF INJURY SIREE, FACTORY, FARM, ETC. 21c. PLACE OF INJURY SIREE, FACTORY, FARM, ETC.	(ATHONE 211, LOCATION TO MOTORYCLE - STRU	YES NO X 1 OR PART 2) HUK TRUCK A COUNTY INC. STATE AROUND MD
CTOR: PA	220. I certify that I took charge of the remains described above death resulted fram: Natural causes . Accident ACTUAL SIGNATURE CHARGES . ACTUAL SIGNATURE	e, held an Autopsy 🗌 , Inspection 🔀 . Inquiry 🔼 and in	my opinion DATE 3/14/85
PAGE 4 SHOULD TO FUNERAL DIRE THE DEATH, WITH			Ton MD 21629 County 21637ATE Caroline, Md.
DHMH - 17 VR A15 ME (5)) 30M 7/73	FUNERAL DIRECTOR Williamson Funeral Dors Home F	250. DATE REC'D. BY REGISTRAR 25b. REGISTR	

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094020				STATE OF MARYLAND	C)			
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(CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
od of		Margare		Kudlich		3 18	85	6:30 Pm
oge 4 ma	3. SE	F.	Sto W.	5. DATE OF BIRTH MONTH DAY 12 15 1898	6. AGE (IN YEARS LAST BIRT	YRS.		HOURS MIN.
onge:	u	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	County	DEATH	MD.
s ofter dec by the fune filed within	-	enton	LIF NOT IN SUCH FACILITY, GIVE S	URSING HOME OR OTHER INSTITUTION STREET ADDRESS! 520 Kerr Ave. ing Home, Inc.	120 USUAL OCCUPATION OF WORK FOR MOST OF		126. KIND O	DF BUSINESS OR
thin 24 hour tely filled in 2 should be in iner-musite	130.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN Maryland Car ATHER'S NAME	ofine DEN	TOWN 13d. INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN NA		RAVE	•	21629
w bald w			skell Duva	11 Georgie			illi	ams
n ond a post		WAS DECEASED EVER IN U.S. AR YES GOR UNKNOWN} (IF YES, GIV	MED FORCES? 16b SOCIAL E WAR OR DATES)	SECURITY NO. 17 INFORMANT S2-427 Mr. Richal	rd Kudlich		ton,	MD
th certificate b nding physicial carban papers. , or remaval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	DBY:	ac Aprest.			APPRO BETWEEN	XIMÀTÉ INTERVAL I ONSET AND DEATH
that the deal d by the atter lease remove.		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONS					
equires signe Then pl to buri	N N	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1	(a)
on. hos been t permit. I toerne prior ows ony ii	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSE	INGS USED S OF DEATH?
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offendin frer this os the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OF	FFICE, FARM ETC.]	CITY OR TO	WN	COUNTY	STATE
OR ATTENDI te hospital or DIRECTOR: A oched for use Dept. of Heal		220 I certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did) (did)	tal) attended the deceased fr	19 19 and that in (my) (aur) apinian DEGREE	death accurred on the do	19_ ite and have an		that (I) (we) lost causes stated
by the best detailed.		5. W	R PRINT)	ATTENDING PHYSICIAN	MEDICAL STAF	arylar	3/1	8/85.
TO HOSPITA reformed by: TO FUNERA should be de with the Stot		S. Willy L	in, M. D.	215 Bloomi	ngdale Av	e., Fe	eder	
BP	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	23b. DATE 3/19/85	23c. NAME OF CEMETERY OR CREMATORY Delmarva Cremato	23d LOCATION Lewes	Suss	Sex	Del.
DHMH - 16 50M 4/82	24 5	UNERAL DIRECTOR PLA	MERSE 1	TOM TO DENTENAR 2	E REC'D. BY REGISTRAR		'S SIGNA	

Cramation 3/19/85 Delearys Grenatory Lowes Bussex Del.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME LAST 2b. HOUR TYPE OR PRINT) -85 R. Calvin Lister & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS. MONTH DAY YEAR Cau. 2 - 3 - 1174 Male BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Caroline Md. WIDOWED W DIVORCED | 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O. CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY 105 S. 8th St. Farming Farmer Denton USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138. STATE 138. COUNTY 138. CITY OR TOWN 105 S. 8th St. 13d, INSIDE CITY LIMITS? 21629 Caroline Denton YES X Md. NO [15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST LAST FIRST Sallie Trice Richard A. Lister ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Milford, Del. Calva Spicer 13-03-9027 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT CAUSE OF DEATH (Enter only one couse per ! PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRESTON ST Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, NO 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO T 21a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AL WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an my) four) opinion death accurred on the date and hour and from the causes stated (I) (we) (did) (did not) view the body ofter death DIRECTOR PHYSICIAN should b 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) CITY OR TOWN Caroline BP 3-9-85 Denton Cemetery Denton Burial 250. DATE REC'D BY REGISTRAR STERRES SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Greensboro, Md. 21639 John E. Boulais (VRA 15, 4)

MYCHALIME INFINATION MEDIE ANTERNOSCIENCE OF DISEBLE CHICKLE Mustan Device me Thistian E. OEN 201 UND 150 POX PENTENTING

	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL	HYGIENE	8 0	(3	3 2
	I. DEC		FIRST	A	MIDDLE	1/	AST	2a. D	ATE OF DEATH		AY YEAR	2b. HOUR
		5-	tella		J.	W	1115	7	narch		985 IF UNDER 1 YEAR	3 42
1	3 SEX	Female	4. R/	Whit	е	5. DATE O			E (IN YEARS LAST BIRT	YRS.	ONTHS DAYS	HOURS A
6		THPLACE (STATE OR FOR DUNIRY) Marylan		USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED		Carol	COUNTY	OF DEATH	
11	n	YOR TOWN OF DEATH	1 11.		HOSPITAL, NURSIN	NG HOME O	ROTHER INSTITUTION	N 12a L	Domestic	ON WORKING LIFE)	126. KIND O INDUSTRY At H	
6		I RESIDENCE IN NURSING	GHOME OR OTHE Sh. COUNTY Caroli	RINSTITUTION	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Federal	E ADMISSION) VN Soure	134 INSIDE CITY LIMI		TREET ADDRESS /			
	14. FA	THER'S NAME					IS. MOTHER'S MAIDE					
0/		Woodie	F.		Maddo	x	Bess	ie	WIDDIE	I	Elliott	
l l		AS DECEASED EVER IN	U.S. ARMED		218-16-	URITY NO.	E. John M		ADDRE	55		
		PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)] RESPINATOR AVVEST								SETWEEN I	MATE INTERVA ONSET AND DE	
or other troumot		Conditions, if ony, which gove rise to immediate cause 101, stoling the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (b) Severe Recalcitrant Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF Avteriosclevatic Canadia viscular Disease										
injury.	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIGES PACEMENT.										
9	AL CERTIFICATION							IN CERTIFY	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO			
0/								YE	S NO	YES		140
9		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	216. TIME O HOUR A. P.		AY YEAR	21c. HOW INJURY O			1		
9	MEDICAL CE	OR CONTRIBUTING CA	USE OF DEATH L EXAMINER)	HOUR A. P. 21e PLACE	M. MONTH D M.	19	21c. HOW INJURY OF			Y IN ITEM 18 PA		STAT
21 is marked at he of the		OR CONTRIBUTING CAL (IF EITHER, MOTHY MEDICAL 21d. INJURY OCCURRE) WHILE NOT WHILE AT WORK NOT WHILE AT WORK 22a 1 certify that (1) 11	USE OF DEATH L EXAMINER) D this hospitol)	HOUR A. P. 21e PLACE (AT HOME STE	M. MONTH D M. OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CCURRED (ENTER NATURE OF INJUR	VIN ITEM 18 PA	COUNTY	STAT
T, F Nem 21 is marked as her Cabo		OR CONTRIBUTING CAL (IF ETHER. NOTEY MEDICAL 21d. IN JURY OCCURRE! WHILE	USE OF DEATH L EXAMINER) D this hospitol)	HOUR A. P. 21e PLACE (AT HOME STI	M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, re deceased from ofter death.	FARM, ETC)	211. LOCATION STREET 19 19 19 DEGREE	CCURRED (CITY OR TO	vn , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 ,	COUNTY	stat tho (11) we
7		OR CONTRIBUTING CAL (IF ETHER. NOTEY MEDICAL 21d. IN JURY OCCURRE! WHILE	USE OF DEATH L EXAMINER) D E I I I I I I I I I I I I I I I I I I	HOUR A. P. 21e PLACE (AT HOME STI ottended th aw the body	M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, et deceased from after death. 19	FARM, ETC)	211. LOCATION STREET 19 d that in my (9) op DEGREE ATTENDI PHYSICI 220 ADDRESS	CCURRED (CITYORTON O 3 0 OCCURRED ON the do	y IN ITEM 18 PA	COUNTY Ond from the	stat tho (11) we

12 18 18 18 0.25 Bender of the state of the stat u profesentet and one c 206 . OMETE AVE. / 27630 icolis I. Eddex Sessia 21 -10-200 .. don -112 - 201 - 11 dode 3/10/25 Stantarder Squarette Contract - Contract - Vil PRADURAL S BOUG CRISHING, 18. 21-17 MAR 12 THE D091019 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH MIDDLE LAST I. DECEASED NAME DAY 76. HOUR TYPE OR PRINTI W. Reed March 18, 1985 Frona 6 AGE I IN YEARS LAST BIRTHDAY 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR MONTH HOURS MONTHS DAYS 1904 Female White Sept. 24. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. Caroline Harmony, Md. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Preston Rt. 2, Box 33CX Secretary Builders DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Caroline Preston Rt. 2. Box 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME John Wesley Willoughby Tessie Rebecca Frampton 17 INFORMANT ADDRESS Maryland 21655 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES. NO OR UNKNOWN medi No 221-12-3212 Audrey L. Willey, Rt. 2, Box 33CX, Preston. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH JEnter only one couse per line for (o), JbJ, and (c).)
PART I. DEATH WAS CAUSED BY: FREIN OMA AMPULLA 83 IMMEDIATE CAUSE (D. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF athe underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? pe à IN CERTIFYING CAUSES OF DEATH? NOF YES T NO F 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 Hy 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER! P.M. 19 21d IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that /(1) (this hospital) attended the deceased from sow the deceased plive on , and that in [my] our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did non view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED * ATTENDING STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Callum R. W. Bain, M.D. 14 N. Aurora Street, Easton, Maryland 2160] 0 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION STATE Burial Mar. 22,1985 Hillcrest Cemetery Federalsburg. Carolina 24 FUNERAL DIRECTOR DHMH-16 60M 1/73 ADDRESS Federalsburg, MAR (VR A 15 (4)) Framptom-Hawkins Funeral Home. 216 N. Main S.